

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33200

FILED OCT 22 1943
818

State File No. _____
Registrar's No. 9082

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 11 mo 28 d.s.
(Specify whether
In this community 48 years
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH HONDERUP

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased August 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Day 74 1 15 If less than one day
hr. min.

9. Birthplace unknown Bohemia 8
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name unknown Edmond Madritsky
13. Birthplace unknown Bohemia 8
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Melina A. Dugler

(b) Address 5400 Arsenal St

17. (a) cremation (b) Date thereof 10-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) OCT 15 1943 (b) J. F. Bruck
(Date received local filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5251 Delmar Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from
Nov 3 1941 to Oct 12 1943
that I last saw her alive on Oct 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Hearts Disease 11-3-41
Cebulitis of the left Arm 10-9-43

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Anthony K. Bruck (M. D. or other)
Address 5400 Arsenal Date signed 10/12/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Louis C. Hoffmeister
Licensed Embalmer No. 3897

P. O. Address. 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.